Initial Approval: October 14, 2015
Revised Date: January 11, 2017
April 13, 2016; January 13, 2016

CRITERIA FOR PRIOR AUTHORIZATION

Technivie® (ombitasvir/paritaprevir/ritonavir)

PROVIDER GROUP Pharmacy

MANUAL GUIDELINES The following drug requires prior authorization:
ombitasvir/paritaprevir/ritonavir (Technivie®)

CRITERIA FOR INITIAL APPROVAL (must meet all of the following):
Patients new to the plan will be allowed to continue previous hepatitis C regimen (max of up to 12 weeks of ombitasvir/paritaprevir/ritonavir therapy total)

- Patient must have a diagnosis of chronic hepatitis C (CHC)
- Patient must have genotype 4 hepatitis C
- Must be prescribed by or in consultation with a hepatologist, gastroenterologist, or infectious disease specialist
- Patient must be 18 years of age or older
- Must be used in combination with ribavirin, unless there is a contraindication and the patient is treatment-naive
- Patient must not have been on previous or concurrent direct acting hepatitis C agent
- Patient must not have a history of illicit substance use or alcohol abuse within the past 6 months
- Patient has a pre-treatment HCV RNA level drawn and results are submitted with PA request
- Dose must not exceed 2 tablets per day
- Patient must have a Metavir score of F3
- Patient must not have moderate or severe hepatic impairment or cirrhosis (Metavir score of F4 and Child-Pugh class B or C)
- Patient must not be concurrently prescribed a moderate or strong CYP3A inducer
- Female patients must have a negative pregnancy test within 30 days prior to initiation of therapy and monthly during treatment with Technivie and ribavirin combination therapy
- For Genotype 4: the PDL preferred drug, which covers Genotype 4, is required unless the patient has a documented clinical rationale for using the non-preferred agent supported by the label or AASLD/IDSA HCV guidelines

CRITERIA FOR RENEWAL (must meet all of the following):

- Prescriber must document adherence by patient of greater than or equal to 90% for both agents

LENGTH OF APPROVAL: 4 weeks for a **total of 12 weeks of treatment**

Notes:

- The medication may be considered for administration without ribavirin for 12 weeks in patients who are treatment-naïve and cannot take or tolerate ribavirin

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DRUG UTILIZATION REVIEW COMMITTEE CHAIR

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PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

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